Use of the Casual Worker Agreement (CWA)

By signing the Casual Worker Agreement Request form you are confirming that you have read and understood these notes. If you have any questions about this form please contact The People Directorate.

This form should be completed to request a Casual Worker Agreement for someone who is not employed by the University in any capacity. Please complete the form in full and return to the People Directorate in line with the notes below. There will be a delay in issuing the CWA if the requirements below are not met.

* This form must be received in advance of the agreement start date and the casual worker should not start work until they have received their CWA from the People Directorate.
* A Casual Worker Agreement can be issued for a maximum of 12 consecutive weeks, no extension over twelve weeks can be made. The length of the agreement should relate specifically to the work to be undertaken.
* The case for additional staffing should be fully outlined. Worker agreement will normally only be permitted to help deal with short term peaks of work with a defined end point.
* Only one Casual Worker Agreement with University of Greenwich can be issued to the same person in an academic year, even if 12 week maximum has not been exhausted by that CWA.
* In requesting subsequent Casual Worker Agreements, line managers must not create a pattern of working.
* An HPL contract cannot be issued to anyone who has received a Casual Worker Agreement in the current Academic year.
* Please attach the relevant Job Description for the role to this form before sending it to the People Directorate. The rate of pay identified should reflect the nature of the work and the level of responsibility.
* Payment will be made by submission of monthly timesheet.
* A Casual Worker may not work more than 35 hours in a week. Breaks are unpaid and must be taken in accordance with the Working Time Regulations.
* A holiday payment of 12.07% will be paid in addition to your hourly rate.
* Please attach certified copies of eligibility documents and qualifications to this form before sending it to the People Directorate. The form will not be processed without these attachments.
* On receipt of this form, the People Directorate will ask Finance to authorise the budget.
* The information requested in this form is required for statutory statistical analysis. Unfortunately, if the form is not completed in full, it will not be processed.
* Rates of Pay are set as shown below:

|  |  |  |  |
| --- | --- | --- | --- |
| GRADE | SPINE POINT | HOURLY RATE | HOURLY RATE + LW |
| SG3 | 7 | £12.51 | £15.52 |
| SG4 | 13 | £13.87 | £16.88 |
| SG5 | 18 | £15.40 | £18.41 |
| SG6 | 23 | £17.62 | £20.64 |
| SG7 | 30 | £21.31 | £24.32 |
| SG8 | 36 | £25.30 | £28.31 |

**PROFESSIONAL SERVICES CASUAL WORKER AGREEMENT - AUTHORISATION FORM**

**Name of Proposed Casual Worker:**

**Faculty/Directorate: School/Department/Division:**

**Campus: Line Manager:**

**Start Date: End Date**:

**Position Title:**

**Proposed pay rate / pay grade:**

**FUNDED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_VOTE CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WORK TO BE UNDERTAKEN AND JUSTIFICATION**

Why is it necessary for this work to be undertaken by a short term/casual worker?

**-------------------------------------------------------------------------------------------------------------------------------**

**AUTHORISATION**

Approved by Faculty/Directorate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Approved on behalf of Chief Finance Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRIVATE AND CONFIDENTIAL**

**To be completed by the applicant**

|  |  |
| --- | --- |
| **Forenames:** | **Surname:** |
| **Title:** | **National Insurance Number:** |
| **Home address (inc Post Code):** | **Email Address:** |
| **Mobile Number:** |
| **Work Number:** |
| **Home Number:** |
| **Please select one of the following options (Certified Eligibility Documents must be attached to this Request)**   I am a British/Irish citizen and do not require permission to work in the UK  I am NOT a British/Irish citizen but I have permission to work in the UK  I am NOT a British/Irish citizen and I would require sponsorship to engage in paid work in the UK  I am NOT a British/Irish citizen and I am a student on a Student Visa able to engage in limited paid work  in the UK.(Please note: Under a Student Visa you can work a maximum of 20 hours per week)  **Please provide full details including expiry dates of your permission to work in the UK:** | |

**Present Employer or Most Recent Employer**

|  |  |  |
| --- | --- | --- |
| **Name of Employing Organisation:** | | **Job Title:** |
| **Start Date:** | **End Date:** | **HESA Number (if applicable):** |
| **Employer's Address (inc Post Code):** | | **Telephone:** |
| **Email:** |

This information is required for our HESA analysis, if you have not been employed but are a student or were a student immediately before this appointment, please tick here □

**Education and Professional Development – please give details of any qualifications held at degree level and above:**

*Please supply your Faculty/Directorate with originals of any academic/professional qualifications listed. Verified copies will be required to be submitted with this request.*

|  |  |  |
| --- | --- | --- |
| **Institution:** | **Location:** | **Start and End Dates:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Examinations and results:** | | | |
| **Type:** | **Subject:** | **Grade:** (Please also state "Actual" or "Predicted") | **Date:** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Institution:** | **Location:** | **Start and End Dates:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Examinations and results:** | | | |
| **Type:** | **Subject:** | **Grade:** (Please also state "Actual" or "Predicted") | **Date:** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Institution:** | **Location:** | **Start and End Dates:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Examinations and results:** | | | |
| **Type:** | **Subject:** | **Grade:** (Please also state "Actual" or "Predicted") | **Date:** |
|  |  |  |  |
|  |  |  |  |

**PRIVATE AND CONFIDENTIAL**

**Equality of Opportunity**

**You are asked to provide the following information to assist the University to monitor the effectiveness of its Equal Opportunities obligations. The information collected will be stored and processed in accordance with Data Protection principles for the purpose of preparing anonymised statistical reports. The information will not be used in any part of the recruitment decision making process. Selecting Prefer Not to Say will not adversely impact any job application or subsequent employment.**

|  |  |
| --- | --- |
| **Sex:**  Male  Female  Prefer not to say | **Is your gender identity the same as the gender you were originally assigned at birth**?  Yes  No  Prefer not to say |
| **Gender Identity**  Female  Female – Cisgender/Cis  Female – Transgender/Trans  Genderfluid  Genderqueer  Intersex  Male  Male – Cisgender/Cis  Male – Transgender/Trans  Non-Binary  Queer  Prefer not to say | **Sexual Orientation:**  Bisexual  Gay Man  Gay Woman/Lesbian  Heterosexual  Other sexual orientation  Prefer not to say |
| **Religion or Belief:**  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Other  No Religion  Prefer not to say | **Marital Status:**  Co-habiting  Divorced or civil partnership dissolved  Married or in a registered civil partnership  Never married  Separated  Widowed  Prefer not to say |
| **Ethnicity:**  White – English, Scottish, Welsh, Northern Irish or British  White - Irish  White – Any other white background  White – Gypsy or Traveller  White - Roma  Black – Black Caribbean or Caribbean British  Black – African or African British  Black – Any other Black/African/Caribbean background  Asian – Indian or Indian British  Asian – Pakistani or Pakistani British  Asian – Bangladeshi or Bangladeshi British  Asian or Asian British - Chinese  Asian – Any other Asian background  Mixed or multiple ethnic groups – White or White British & Black Caribbean or Black Caribbean British  Mixed or multiple ethnic groups – White or White British & Black African or Black African British  Mixed or multiple ethnic groups – White or White British & Asian or Asian British  Mixed – Any other Mixed/multiple ethnic background  Any other ethnic background  Arab  Prefer not to say | |
| **Date of Birth:** | |
| DisabilityDisability is defined by the Equality Act 2010 as a physical or mental impairment which has a substantial and long-term (at least 12 months) affect on your ability to carry out normal day-to-day activities. **Do you have an impairment, health condition or learning difference that has substantial and long-term impact on your ability to carry out normal day-to-day activities?** Yes     No    Do not wish to declare     **If you have answered yes above, please give details:** Social/communication conditions e.g. autism Learning difference e.g. dyslexia, dyspraixia, ADHD Development condition since childhood Long-standing illness or health condition Mental health condition, challenge or disorder Physical impairment or mobility issues Deaf or serious hearing impairment Blind or visual impairment uncorrected by glasses  Disability not listed above Other impairment, condition, learning difference  Prefer not to say  **Please specify any needs in terms of access to equipment or facilities that you require to enable you to fully undertake the duties of the post:**    **Please use the space below to provide us with any further information that you wish to provide:** | |

*If required, please provide extra details on a separate sheet of paper.*

|  |  |
| --- | --- |
| **Name:** |  |
| **Signed:** | **Date:** |

**CERTIFICATE OF BEGINNING WORK**

***NO PAYMENT OF SALARY CAN BE MADE UNTIL THIS FORM IS RECEIVED BY PAYROLL***

It should therefore be completed by the member of staff and handed ***ON THE FIRST DAY OF SERVICE*** to the line manager, who should certify below and forward it promptly to the **Payroll Office** **(AH-SH 114)**.

Surname ................................................................................ (Mr /Mrs/ Miss /Ms /Dr /Prof ) ...............

*(In Block Capitals)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Names(s)................................................................. | N.I. Number |  |  |  |  |  |  |  |  |  |

Home Address

.............................................................................................................................................

If P45 is not attached, do you expect one to follow shortly? Yes / No

(Note: If P45 is not attached, other documentary evidence of NI number is required.)

**Note: In the absence of a P45, you should complete HMRC Starter Checklist form and forward it to Payroll as soon as possible:** <http://www.hmrc.gov.uk/forms/starterchecklist.pdf>

If you are over State Pension Age, please also enclose your **Certificate of Age Exception**.

Name of Bank ............................................................................................................

Title of Branch ...........................................................................................................

Address of Branch .......................................................................................................

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sort Code |  |  | **-** |  |  | **-** |  |  | Account Number |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Building Society A/C Number |  |  |  |  |  |  |  |  |  |  |  |  |

**Pensions Act 2008 – Workplace Pension Reforms**

If you are unsure of your pension situation or the NEST/LPFA schemes, contact Payroll **prior to completing this section**.

* When/if I qualify for auto-enrolment, I would like to be enrolled into NEST
* When/if I qualify for auto-enrolment, I would like to be enrolled into LPFA

Signature ................................................................................. Date ........................

--------------------------------------------------------------------------------------------------------------------------------

The above named member of staff began work full-time**/**part-time on ………………….…………

( Delete as required ) ( Date )

Faculty/Directorate................................................................................................................

Tel/Ext ............................

Name …………………………………………………………….. (Line Manager)

*(In Block Capitals)*

Certified ...................................................................................... (Line Manager) Date ..............................

**(To be certified, then sent to the Payroll Office, Room 114, Southwood House, Avery Hill Campus)**